
TITLE: VISITORS DURING COVID-19 RESPONSE

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APPLICABILITY: All sites and facilities

RELATED POLICIES: 5-1-2-2-010: Personal Protective Equipment
4-1-1-070: Hand Hygiene
1-11-1-3-010: Droplet Precautions
5-1-2-5-080: Managing Disrespectful, Aggressive or Violent Behaviour of Visitors
5-3-1-040: Confidentiality

DEFINITIONS: [Refer to Definitions section](#)

DOCUMENT QUICK LINKS

- [BC Ministry of Health Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#)
- [BC Ministry of Health Overview of Visitors in Acute Care](#)
- British Columbia Infection Prevention and Control Requirements for COVID-19 in [Acute Care](#) and [Long Term Care and Seniors' Assisted Living](#).
- [BC Ministry of Health Policy for Mask Use in Health Care Facilities during COVID-19 Pandemic](#)
- [COVID-19 Ethical Decision-Making Framework](#)
- [COVID-19 Entrance Screening Tool for Health Care Facilities](#)
- Visitor Sign-In Sheet
- COVID-19 Essential Visitors Poster – Acute Care
- COVID-19 Essential and Social Visitors Poster – Long Term Care (21200)
- [Appendix A – Essential Visitor Decision Support Tool and Helpful Scenarios](#)
- [Appendix B – Guidelines for Essential Visitors in Specific Care Settings and Populations](#)

POLICY

COVID-19 is recognized as a significant threat to health and well-being and requires patient/resident isolation procedures to contain the virus. At the same time, family and friend support are very important for patients/residents during recovery or palliation.

Visitor restrictions are to be employed with empathy and respect.

Medical Health Officers in response to local outbreaks or regional needs may direct restrictions on visitation to essential visits only.

An essential visitor is someone identified by the patient or resident as a necessary support (including cultural or spiritual support) to be involved in their care and health matters, and is a relative, legal representative, close friend or formal/informal caregiver¹. (Refer to [definition](#) section for complete definition) and Appendices A and B for guidance on decision-making for essential visitors.

PROCEDURE

1. Follow the guidance provided in:
 - [BC Ministry of Health Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#)
 - [BC Ministry of Health Overview of Visitors in Acute Care](#)
2. Visitation restrictions may change provincially or regionally in response to COVID-19 cases, hospitalizations or mortality rates.
3. In Northern Health, some long-term care beds are located within an acute care facility (also referred to as a multi-level care facility). In these circumstances, the policy and practice updates pertaining to visitors in long-term care and seniors' assisted living are also applicable to the acute care inpatient beds. Refer to [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#).
4. Treat a visitor breaching COVID-19 related policy/direction the same way as a visitor being disrespectful or non-compliant with any other Northern Health policy. Begin with an educative approach followed by progressive enforcement, up to and including (time-limited) exclusion from the property, taking into account the nature of or need for visitation and impact on the patient. Refer to Managing Disrespectful, Aggressive or Violent Behaviour of Visitors as needed.

Virtual Visitation

Virtual options for visiting are to be supported and facilitated as much as possible. Virtual visits for other than compassionate reasons and for a patient's/resident's connection with those who do not fall under the essential visitor definition should be encouraged. Support families/significant others to use technology when they are unable to visit in person and to supplement visits. This may include the use of telephone calls or virtual visits using smartphones or tablets.

ADDITIONAL RESOURCES

- [Thinking about Cultural Safety during COVID-19](#)
- [Practical Tips: Engaging People during COVID-19](#)

DEFINITIONS

Essential visits are defined by the BC Ministry of Health as:

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and medical assistance in dying;
- Visits paramount to the patient/resident's physical care and mental well-being (e.g., assistance with feeding, mobility, personal care or communication, assistance by designated representatives for persons with disabilities)
- Visits for supported decision-making;
- Visits for pediatric care, labour, and delivery;
- Existing registered volunteers providing the services described above;
- Visits required to move belongings in or out of a client's room; and,
- Police, correctional officers, and peace officers accompanying a patient/client for security reasons.

REFERENCES

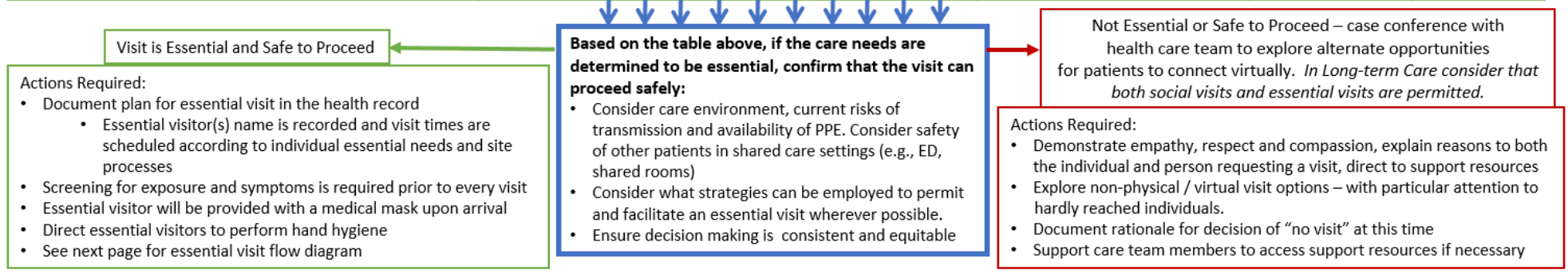
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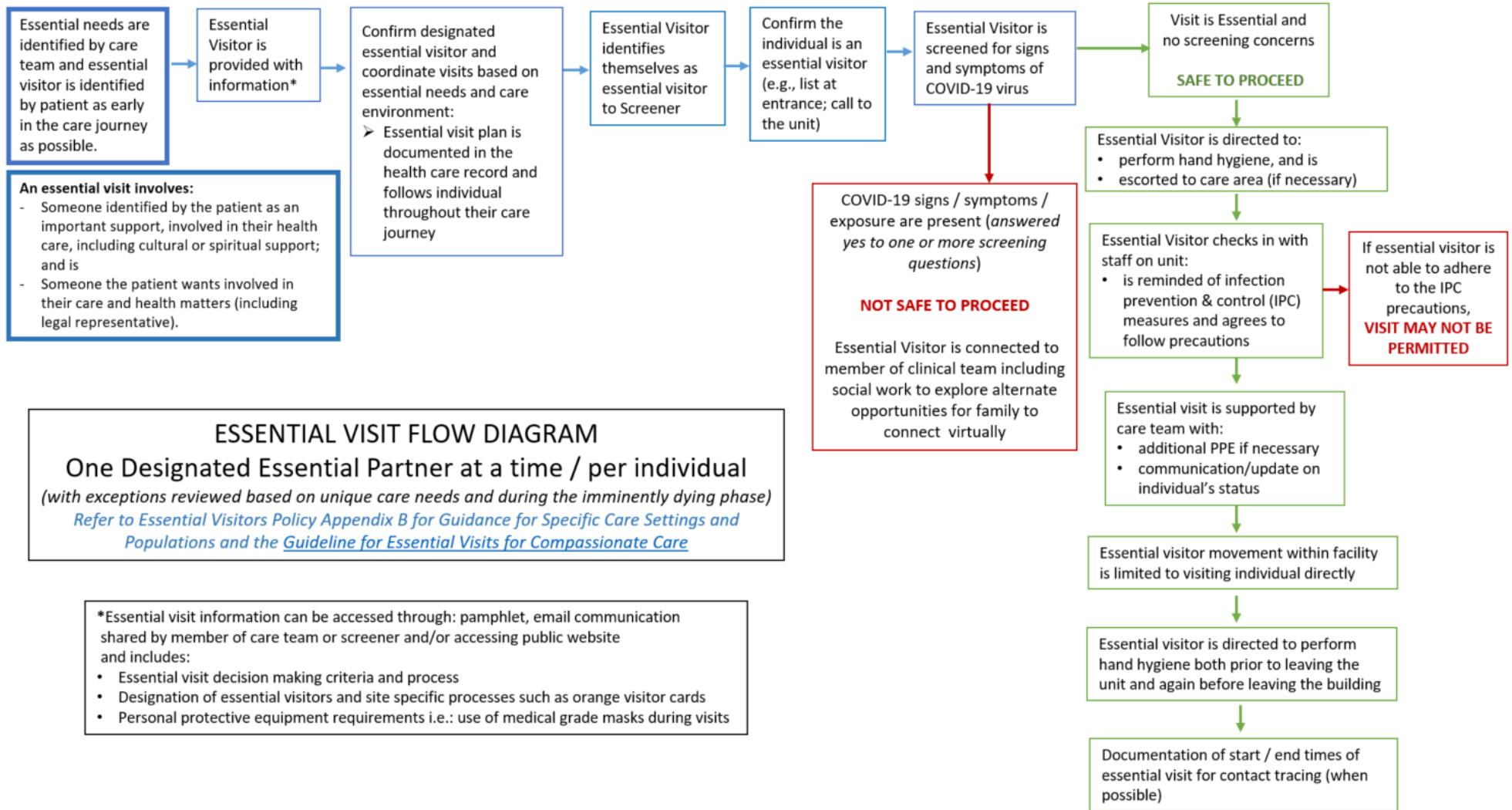
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Appendix A Essential Visitor Decision Support Tool (adapted from Island Health)

ESSENTIAL VISITOR DECISION SUPPORT TOOL to Determine if Care Needs are Essential

Does Individual have Compassionate Care Needs?	Does Individual have Needs Essential to Their Physical Care & Mental Well-Being such as:					
Critical Illness Palliative & End of Life or Hospice Medical Assistance in Dying	Assistance with Feeding	Mobility & Personal Care	Translation & Communication	Emotional Support	Decision Making	Pediatric Care, Labour and Delivery
<p>It is expected that when an individual is dying, at least one loved one will be with them. The care team and leadership will make every effort to mitigate risks and facilitate an in person visit.</p> <p>Does individual have a significant life threatening condition/ health change event? (a condition that could reasonably be expected to have significant complications in the next 12-24 hours i.e, sepsis, stroke, myocardial infarction requiring interventional procedure, etc.)</p> <p>Does individual have a life limiting condition with a high risk of dying in three months?</p> <ul style="list-style-type: none"> Goals of care focus on comfort through to the end of life as indicated by Medical Orders for Scope of Treatment (MOST) M1, M2 or M3 palliative care, hospice care, and end-of-life care pertains to caring for individuals with life limiting conditions, registered with the palliative care program or palliative performance scale (pps) 30% (bedbound). <p>Is Individual imminently dying? Imminent death is a clinical decision. Exceptions to general guideline may apply</p> <p>Essential visitors include Clergy and Notary</p>	<p>Is Individual at risk for:</p> <ul style="list-style-type: none"> nutritional decline? significant weight loss? <p>Does individual need special time/attention to get enough nutritional intake and the required supports cannot be provided by the on-site staff?</p>	<p>Does individual need support to move, get to and from their care area, practice exercises, and/or complete Activities of Daily Living (ADLs) – to prevent functional decline and required supports cannot be provided by the on-site staff?</p> <p>Does individual need support during discharge activities to ensure a safe and successful transition home?</p>	<p>Does individual need support to:</p> <ul style="list-style-type: none"> understand and/or keep track of important information? demonstrate relevant care-planning details? communicate with the health care team? 	<p>Does individual need:</p> <ul style="list-style-type: none"> specialized support due to a disability? a therapeutic mental health strategy involving social connection to support their recovery process? spiritual or cultural support that is essential to their wellness? **NEW** Visits paramount to mental well-being can include situations where a patient’s mental health is deteriorating and the care team and/or patient believe a supportive visit may improve patient well-being (e.g., dementia with behavioural issues, depression, anxiety, psychosis) 	<p>Does individual need support to:</p> <ul style="list-style-type: none"> speak on their behalf / share and articulate their wishes? inform medical decision making as a substitute decision maker? navigate circumstances when they may feel vulnerable in their care environment? 	<p>Parents or legal guardians of a neonate/infant / child are considered essential visitors</p> <p>Essential visitor(s)/ support person(s) are permitted during labour and birth</p>





ESSENTIAL VISIT FLOW DIAGRAM
One Designated Essential Partner at a time / per individual
(with exceptions reviewed based on unique care needs and during the imminently dying phase)
 Refer to [Essential Visitors Policy Appendix B for Guidance for Specific Care Settings and Populations](#) and the [Guideline for Essential Visits for Compassionate Care](#)

*Essential visit information can be accessed through: pamphlet, email communication shared by member of care team or screener and/or accessing public website and includes:

- Essential visit decision making criteria and process
- Designation of essential visitors and site specific processes such as orange visitor cards
- Personal protective equipment requirements i.e.: use of medical grade masks during visits

Essential Visitor Determination Scenarios

Scenario	Is this an Essential Visitor?	Discussion/Next Steps
<p>Patrick, an 86 year old male living at home, came to the Emergency Room with shortness of breath and confusion; his daughter was deemed an essential visitor for accurate history collection. Patrick was admitted to hospital and two days later improved significantly, now independent with self-care and communication. Staff are not sure if daughter is still an essential visitor.</p>	<p>At the time of his presentation to the Emergency Department, Patrick's daughter was an essential visitor because Patrick needed help with communication. If Patrick is communicating independently and does not require assistance with care in Acute Care then his daughter would no longer be qualified as an essential visitor.</p>	<p>Staff should support Patrick and his daughter to stay connected through virtual or phone communication. Ongoing assessment of Patrick's ability to understand and retain important health related guidance will support staff in determining if Patrick's daughter should be reconsidered as an essential visitor, particularly during discharge teaching and discussions regarding follow-up care and treatment.</p>
<p>Jessica, a 29 year old woman, presents at her local hospital for delivery of her first child. Her partner and their doula plan to accompany her for the birth. Are the partner and/or the doula accepted essential visitors?</p>	<p>Yes, the doula is a member of the care team so not considered a visitor if noted on the birth plan. The partner would be considered an essential visitor; both the partner and the doula should be screened for COVID-19 symptoms upon entering the facility.</p>	<p>Care team would consist of physicians, nurses, and labour support (doula), through planned or unplanned developments leading up to and during the birth, other members may be added to the care team. The essential visitor is the designated partner, with accommodation of additional surrogate/adoptive parents (i.e., cultural support-Indigenous Elder, "auntie") added through discussion with the family and care team. It is important to take into consideration the ability of the facility to support the presence of members of the care team and the safety and comfort of other patients.</p>
<p>Mary, a 76 year old female in long term care, has three daughters. Her middle daughter provides assistance with meals twice per day.</p>	<p>Mary's middle daughter is an essential visitor.</p>	<p>Mary can have both social visitors and an essential visitor in long term care. Essential visits are limited to one visitor per resident at a time. Mary can have unlimited visitors inside the facility for a social visit (during facility visiting hours). An outdoor visit can be arranged that aligns with current PHO guidance on outdoor gatherings.</p>

Scenario	Is this an Essential Visitor?	Discussion/Next Steps
<p>Sarah, a 42 year old patient, has been admitted with an acute illness and because no beds are available on the medical ward she is being kept in the Emergency Department. During the evening, John, a healthy 14 year old boy who has been injured playing basketball with his brother, is admitted to the Emergency Department. John's mother and his older brother are with him and they are in the bay next to Sarah separated by a thin curtain. John, accompanied by his mother and brother, is waiting for the doctor to stitch his wound. The mother and older brother are taking family pictures to post to social media.</p>	<p>John is a pediatric patient so the presence of his mother as an essential visitor is appropriate.</p> <p>John's brother would not be an essential visitor and the mother should be encouraged to seek alternate accommodations for the older son.</p>	<p>Patients and essential visitors need to be encouraged to consider the safety and comfort of other patients in shared spaces.</p> <p>The Audio Recording, Photographing and Videotaping by Visitors and Patients Policy should be shared with visitors and family as appropriate.</p> <p>Sharing the Essential Visitor Policy with patients and families could support fair and consistent decision-making.</p>
<p>Christopher is a palliative patient in long term care. Six family members want to spend time with Christopher before he dies.</p>	<p>Yes, provincial guidance supports essential visits for compassionate care including visits to palliative patients nearing end of life.</p>	<p>Christopher and his family would designate a spokesperson for the family who would schedule visits for the six family members. The number of visitors allowed at one time for compassionate palliative care visits would be dependent on facility capacity and safety.</p>
<p>Fredrick comes to visit wife Jane three times a day to help his wife eat in long term care.</p>	<p>Yes, Fredrick is an essential visitor as his presence is essential for assisting Jane with eating.</p>	

Appendix B

Guidelines for Essential Visitors in Specific Care Settings and Populations

Compassionate Care

- [Northern Health Regional Guidance for Essential Visits for Compassionate Care](#)

Emergency Departments (ED) (and other outpatient environments)

- Particularly in the context of EDs, “visits” (and/or visitors) may be unfamiliar language – the intent is to focus on patient support persons.
- Patients may identify a primary and alternate essential visitor/support person (to attend one at a time) to accompany them while accessing ambulatory, emergency, or urgent care services when absolutely necessary. To avoid overcrowding in ambulatory care spaces and waiting rooms, patients should be asked to use virtual supports.
- All support persons must be over the age of 14 for adult clinic visits.
- A child’s attendance, when accompanying an adult, may require exceptions in emergency situations.
- Breastfed infants shall be able to accompany their mother.

Inpatient Settings

- Patients may identify a primary and alternate essential visitor/support person while admitted to an inpatient unit in an acute care facility but they must attend one at a time.
- A designated facility screener/navigator should greet the essential visitor/support person to conduct the health screening and verify if the person is authorized to enter the site.
- For pediatric/NICU care, in consultation with the Most Responsible Provider (MRP) on a case-by-case basis, two essential visitors/support persons may be permitted at a time.
- For pediatric/NICU care, special consideration may be given to an asymptomatic designated essential visitor/support person who is under isolation.
- [Northern Health Essential visitors for maternity, neonatal intensive care unit \(NICU\), and Pediatrics during Covid-19 response \(Novel coronavirus\)](#)
- [Northern Health ICU Assisted Communication Toolkit](#)
- In consultation with the MRP on a case-by-case basis, a stable symptomatic support person of a patient who is exclusively breastfeeding or a child who would endure trauma from separation from a primary caregiver would be permitted if Infection Prevention and Control protocols can be followed.
- Breastfed infants shall be able to accompany their mother.
- Cultural traditions should be taken into consideration. Aboriginal Patient Liaisons can assist.

End-of-Life Care (non COVID-19+ Patient Population)

- Palliative/end-of-life/hospice patients (non COVID-19+) will be supported with the designation of a primary and alternate essential visitors/support persons, but they should attend one at a time.
 - Exceptions can be considered based on unique care needs; during the imminently dying time (i.e., disconnection of ventilator), family members/support persons may have extended visits or a vigil in consultation with the care team. Clergy and notaries can be considered for essential visits.

- Cultural traditions should be taken into consideration. Aboriginal Patient Liaison can assist with coordination as appropriate.
- Special consideration may be given to an asymptomatic designated essential visitor/support person who is under isolation. Symptomatic support persons are not to be permitted.

COVID-19+ Patient Populations (Droplet and Contact Precautions/Airborne Precautions)

- COVID-19+patients on droplet and contact precautions may identify a primary and alternate essential visitor/support person but they must attend one at a time.
- The essential visitor should be supported in performing rigorous hand hygiene and donning PPE, as appropriate, and be informed of all the risks. NH will provide appropriate PPE.
- If the essential visitor/support person is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting. Virtual options will be supported as possible.
- If the patient is at end-of-life, in a cohorted COVID Unit with Aerosol Generating Medical Procedures (AGMP) occurring and airborne precautions in place, essential visitors are permitted with a test-fit N95 respirator. This also applies to COVID-19+ patients in an individual isolation room where AGMP is occurring. Care team consultation is required and risks communicated to the visitor.
- If possible, patients may be moved to individual private isolation rooms for end-of-life.

Maternity / Postpartum

- [Northern Health Essential visitors for maternity, neonatal intensive care unit \(NICU\), and Pediatrics during Covid-19 response \(Novel coronavirus\)](#)
- Parents or legal guardians of a neonate/infant/child are considered essential visitors
- The care team, in consultation with the MRP on a case-by-case basis, may permit other support persons (e.g., surrogate parent, or “auntie”, or doula) in addition to the one designated essential visitor/support person during labour and birth.
- Cultural birthing traditions shall be honoured.
- Designated essential visitors/support persons on a maternity ward must be 14 years of age or older. However, for compassionate reasons (such as at end-of-life) and on a case-by-case basis, exceptions will be considered in consultation with the MRP.
- Breastfed infants shall be able to accompany their mother.
- Special consideration may be given to an asymptomatic designated essential visitor/support person who is on isolation. Symptomatic support persons are not to be permitted.

Adapted from Ministry of Health Visitors in Acute Care Facilities: Interpretive Guidance. Draft v16 October 21, 2020 and Overview of Visitors in Acute Care May 12, 2021.

Long Term Care and Assisted Living

- [BC Ministry of Health-Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#)

REVISION HISTORY			
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Author Title:	VP, Population and Public Health		
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	February 18, 2022	Removed dates of provincial policies with which NH policy aligns; example of cultural support added to “Jessica” scenario page 7; author role updated	VP, Population and Public Health
	September 7, 2021	Revisions to reflect updates in acute care visitation, masking in health care facilities, and infection prevention and control in acute and long-term care	VP Pandemic Response
	July 27, 2021	Revisions to reflect updates in visiting guidelines in long-term care and assisted living	Elder Services Program, VP Pandemic Response
	June 30, 2021	Addition of provincial exemption for acute care patients with length of stay more than 14 days	VP Pandemic Response
	May 28, 2021	Revisions to incorporate published acute care visiting guidelines	VP Pandemic Response
	May 11, 2021	Revisions to reflect new Visiting Guidelines in Long-term Care and Assisted Living	Elder Services Program, VP Pandemic Response
	December 23, 2020	Addition of decision making guide and guidance for specific care settings and populations	VP Pandemic Response
	July 9, 2020	Further revisions to reflect current visitation recommendations.	Regional COOs; VP Pandemic Response
	May 1, 2020	Issued	Regional COOs; NH EOC
Contact policiesstandards@northernhealth.ca if further information is required.			
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